Seal Beach Parks, Recreation and Community Services Application, Roster and Release of Liability

| Manage | ong! Nome | | | | | | | | Toom | Nome | | | | |
|---|--|---|---|--|--|---|--|--|------------------------------|---|--|----------------------------------|---|---|
| | | | | | | | Team Name | | | | | | | |
| Address: | | | | | | | E-Mail | | | | | | | |
| | | | | | Zip | | | | | | | | | |
| Home 1 | Phone: (|) | | | Work I | Phone: (| (| | | Fa | x: (|) | | |
| Sprin | gS | Summe | r | _Fall | W | inter _ | S | oftball <u></u> | ` | Volley | oall | Bas | sketball | |
| release and onereinafter in discharge, in the entities and any way with | tion of the a discharge an nure to me, n advance, po their employ h my particip or entities me | y and all my heirs romoters, ees (and pation in | l claims f , or my b sponsors their resp said recre | pplication dama eneficiare, official ective ag | ges, for dries, as a sls and any gents and | ry in the leath, for result of and all employee | recreati persona my parti involved es), from | onal event l injury cipation munici and ag | or proper in said palities a | ibed on erty dan recreation and/or not all | nage wh onal evenunicipa liability | ich I ma nt. This lity emp | y have or release is loyees or out of or o | which maintended to other publiconnected i |
| participants hereof. Kno and hold har | derstand that in this recre owing the ris rmless all of , beneficiarie | eational o ks of the the perso | event occ recreation ons or en | asionally nal eventities me | y sustain t that I ar | mortal or n enrollir | r serious ng in, ne | person verthele | al injury ss, I her | y; and/o eby agre | r proper ee to ass | ty dama | ge, as a ose risks ar | consequenced to releas |
| t is further u | understood a | nd agreed | d that this | waiver, | release ar | nd assum _l | ption of | risk, is t | o be bind | ling on 1 | my heirs | , benefic | iaries and | assigns. |
| agree to ac | cept and abi | de by the | rules and | l regulat | ions, which | ch contro | l and are | e in effe | ct for pa | rticipatio | on in the | e recreati | onal even | t in which |
| engaging an | property on d participatin esult of the un | ng in the | recreation | nal event | , I am hei | | | | | | | | | |
| School Distr he negligen | derstand and ict, or their ce of the Cit creational ac | employee y, the Sc | es, agents hool Dist | or assign | nees for a | ny injury | that I n | ay suffe | er, even | if the in | jury was | caused i | in whole | or in part b |
| | ware that pa with the kno | | | | | | | | | | | nd I vol | untarily p | articipate in |
| • | read this for this release | | • | lerstand | the conte | ents there | eof and | nereby 1 | reely an | d willin | igly app | ly my si | gnature b | elow as m |
| signed the form will | of the Team orm and that I be permitte lual and as th | each sig d to parti | nature is cipate. I | in fact th represen | ne signatu | are of the n signing | player. | Only th | | | | | | initialed an es appear o |
| 1 2 | 3 | 4 | 5 | 6 | 7 | Players 8 | 9 111111111111111111111111111111111111 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | <u> </u> | 1 | ı | 1 | 1 | 1 | | 1 | ı | 1 | ı | ı | ı | 1 |

Managers' Signature

Date

211 8th Street, Seal Beach, Ca 90740, (562) 653-4749 <u>Team Roster</u>

| | Name | Address | City/Zip | Phone | Signature |
|-----|------|---------|----------|-------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
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| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| | | | | | |

Team Information

Assistant Manager: _____ Phone (Hm) _____ Work ____

| <u>Division Preferred</u> | Night Preferred | Years Played in Seal Beach | Most Recent League Played | | |
|---------------------------|-----------------|----------------------------|---------------------------|--|--|
| &£"A" | ≥≤ MONDAY | zz 1 | Name | | |
| &≥"B" | ≪ TUESDAY | zz 2 | Where | | |
| &≤"C+" | zz WEDNESDAY | <i>zz</i> 3 | Year | | |
| zz"C" | ≥≥ THURSDAY | zz 4 | Division | | |
| zz"D" | ≥≤ FRIDAY | zz 5 | Record | | |
| ≥≥COED | ≪≈ SUNDAY | ZZ 6+ | WL | | |
| (CHECK ONE) | (CHECK ONE) | | | | |

As Manager of the Team, ______ I verify all information above is correct.

Date

Managers' Signature